

CT Money Follows the Person Report

Quarter 2: April 1 - June 30, 2025

UConn Health, Center on Aging

Operating Agency: CT Department of Social Services Funder: Centers for Medicare and Medicaid Services

MFP Benchmarks

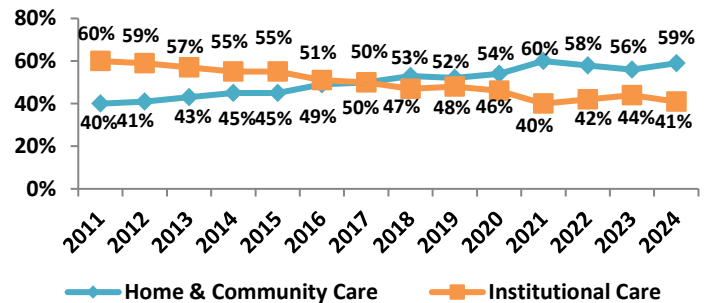
- 1) Transition 5200 people from qualified institutions to the community
- 2) Increase dollars to home and community based services
- 3) Increase hospital discharges to the community rather than to institutions
- 4) Increase probability of returning to the community during the six months following nursing home admission
- 5) Increase the percentage of long term care participants living in the community compared to an institution

Benchmark 1: Total Transitions = 8,588

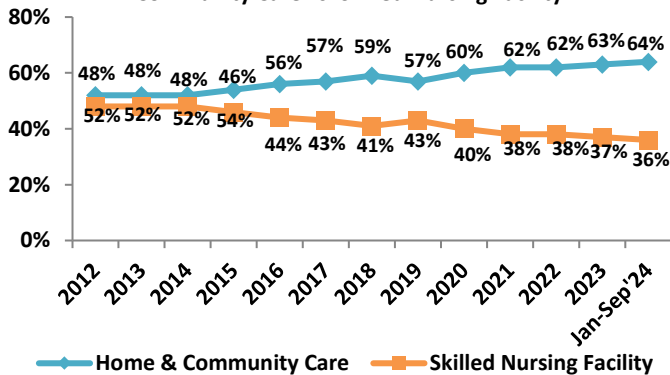
Demonstration = 8,026 (93%)

Non-demonstration = 562 (7%)

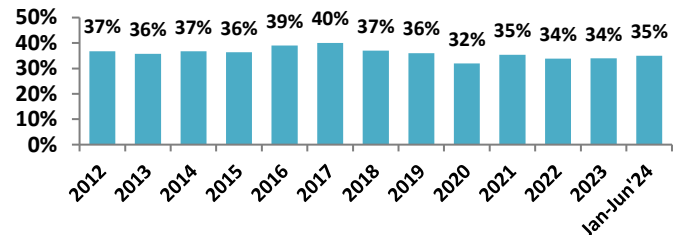
Benchmark 2 CT Medicaid Long-Term Care Expenditures



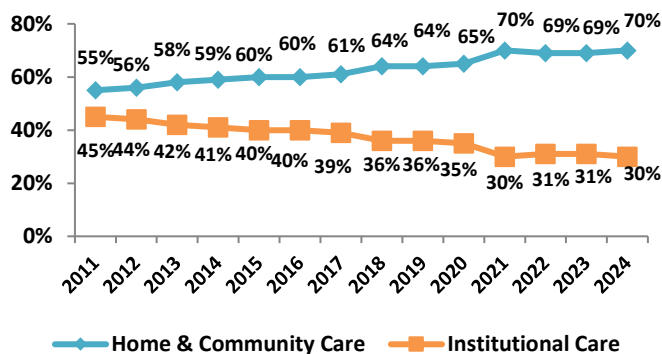
Benchmark 3 Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility



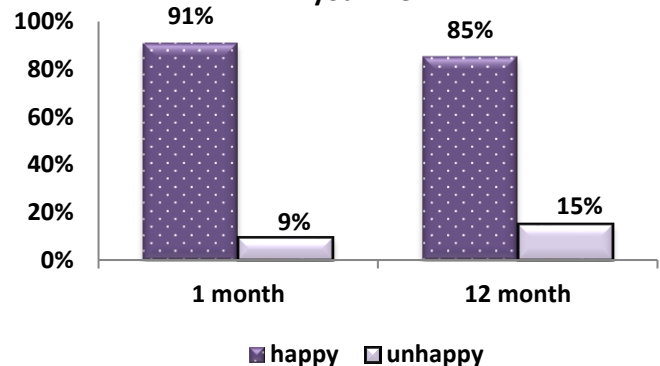
Benchmark 4 Percent of SNF admissions returning to the community within 6 months



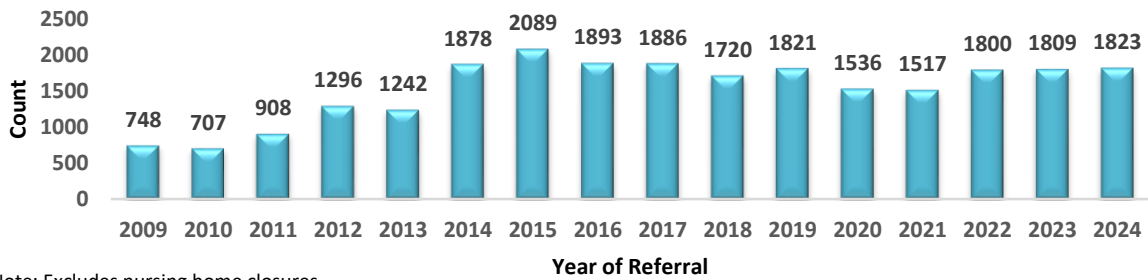
Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Happy or unhappy with the way you live your life

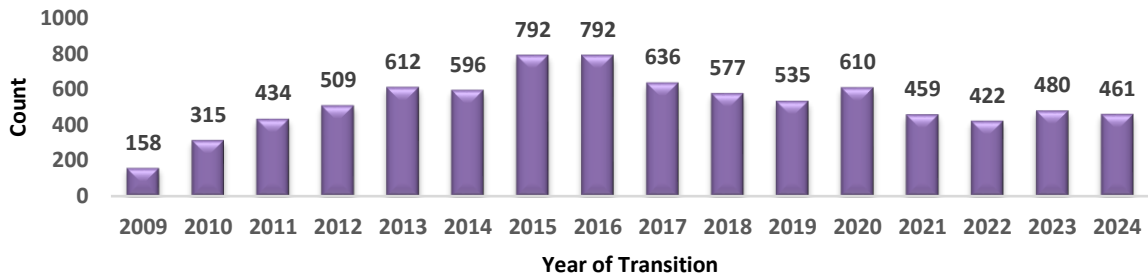


Total Number of Referrals Assigned to the Field by Year

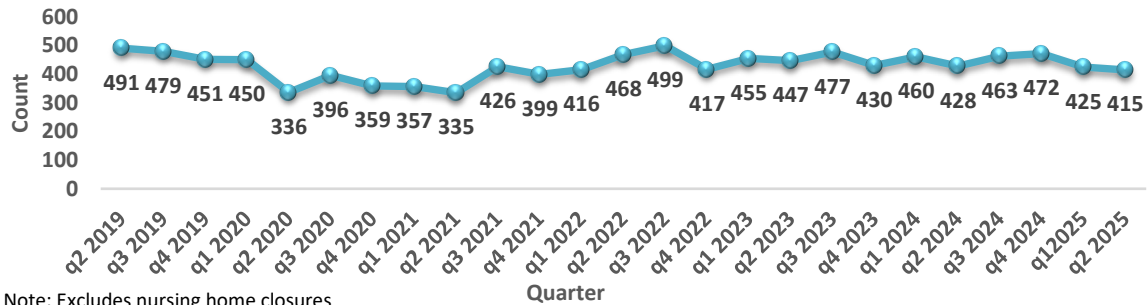


Note: Excludes nursing home closures

Total Number of Transitions by Year

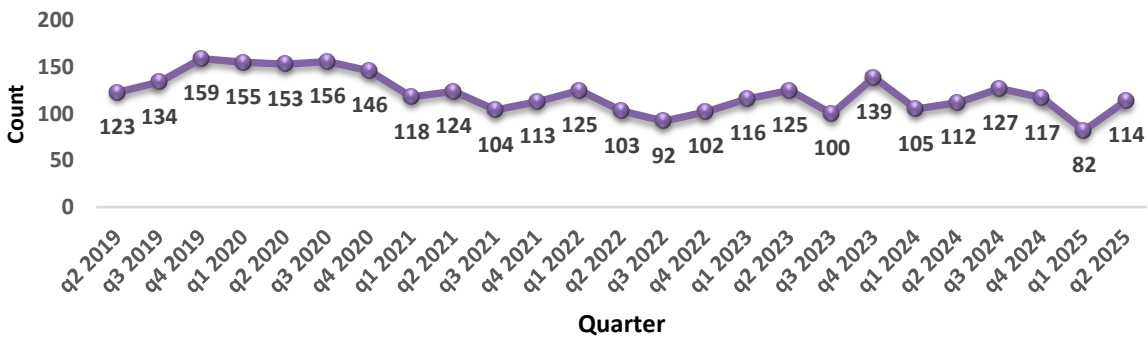


Referrals Assigned to the Field by Quarter

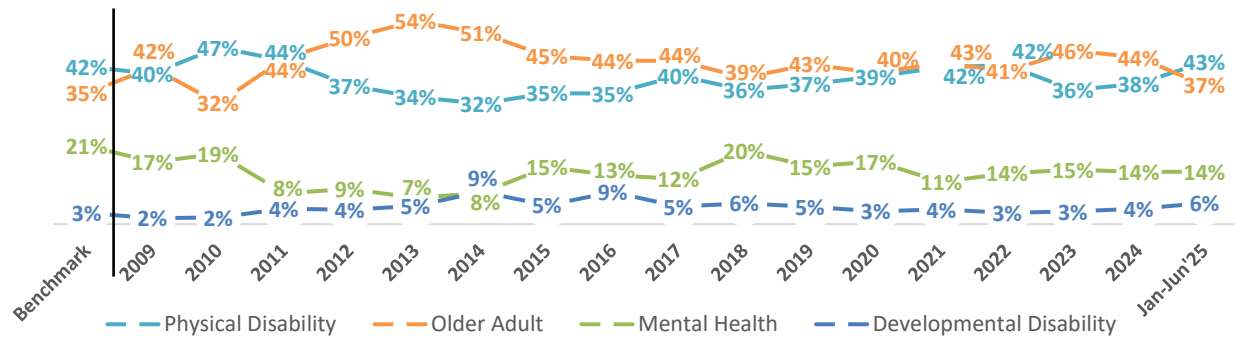


Note: Excludes nursing home closures

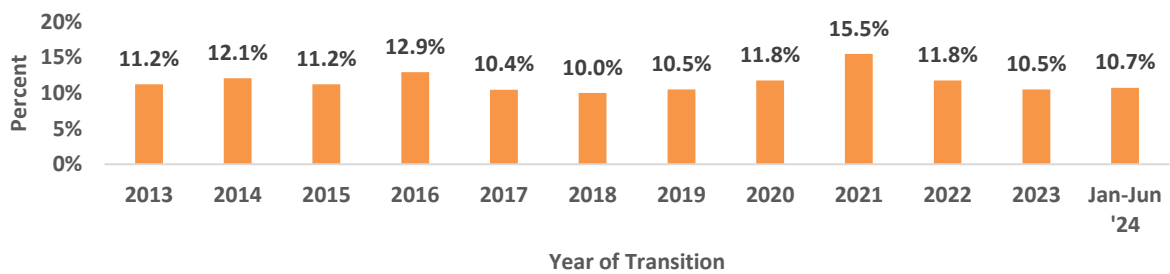
Number of Transitions by Quarter



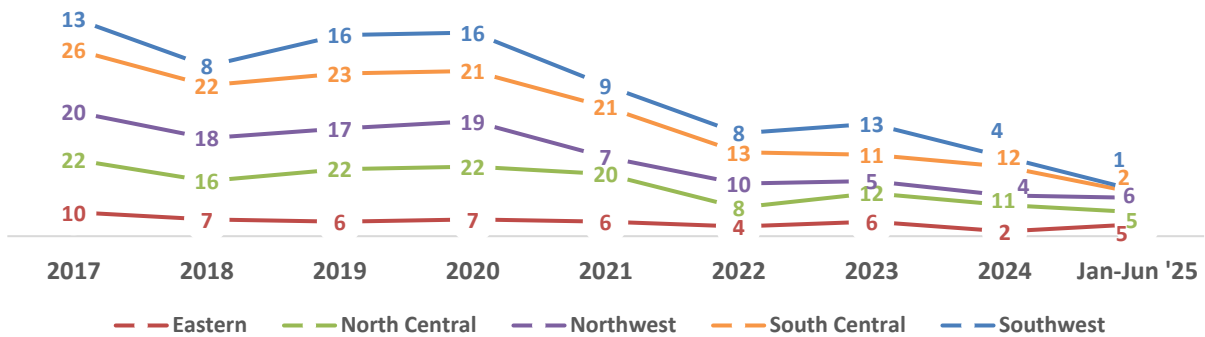
Target Population for Transitions by Year of Transition (Demonstration Only)



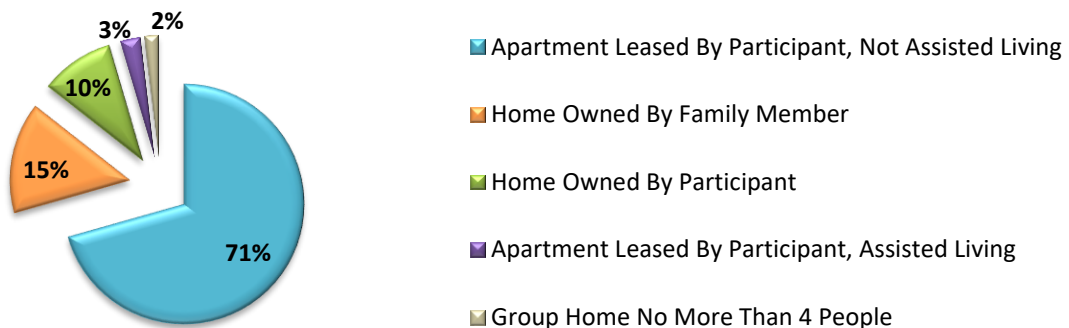
Participants Who Were in an Institution 12 Months after Transition Regardless of Length of Stay



Number of Participants with Home Modifications by Year Approved and Region

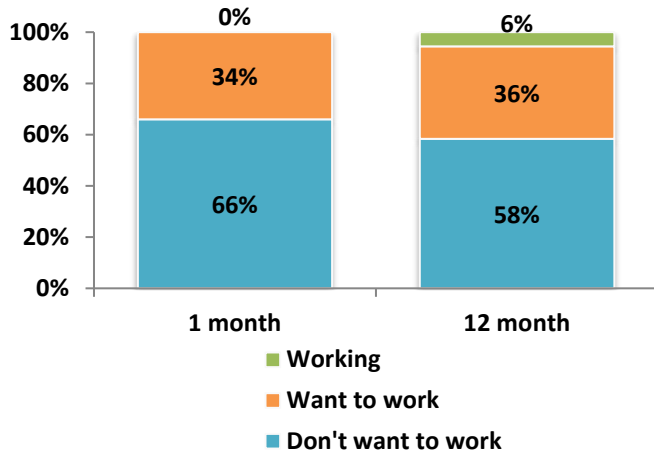


Qualified Residence Type for Transitioned Referrals: 12/4/2008 to 6/30/2025

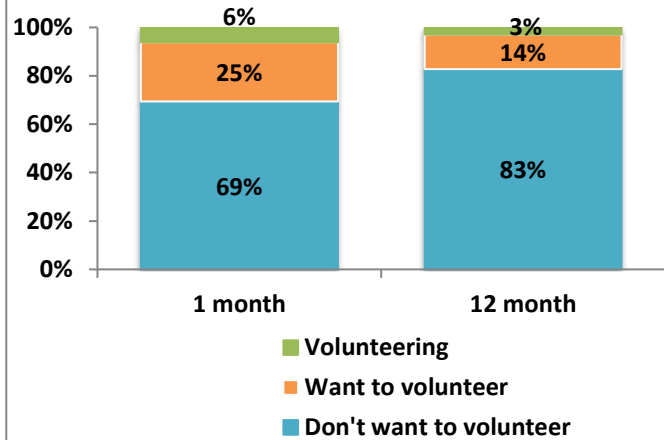


Participants who are Working and/or Volunteering (data 4/1/25-6/30/25)

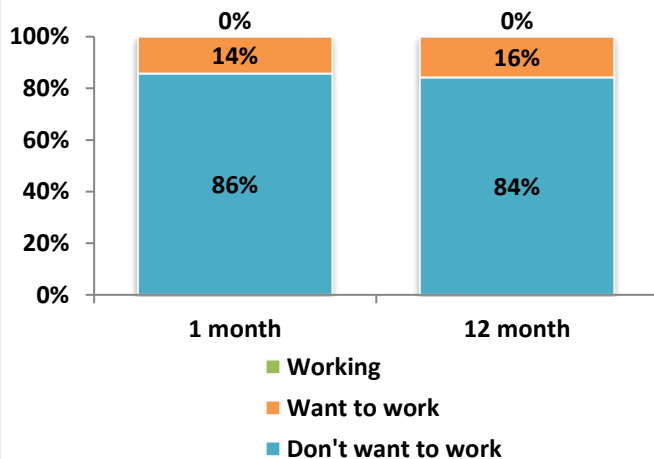
Participants under age 65 who are working and those who would like to work



Participants under age 65 who are volunteering and those who would like to volunteer



Participants 65 years and older who are working and those who would like to work



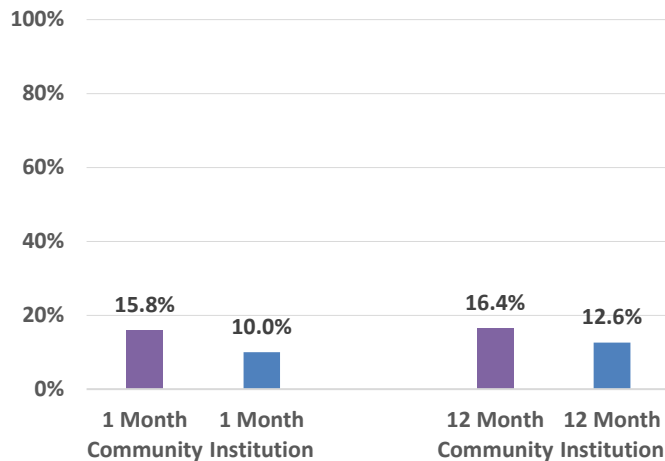
Participants 65 years and older who are volunteering and those who would like to volunteer



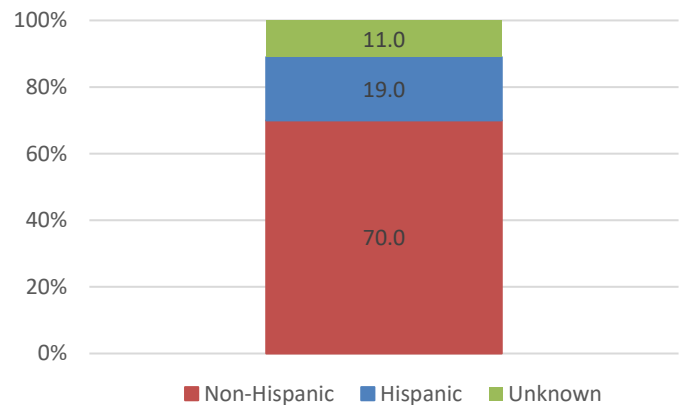
Race and Ethnicity for MFP Participants Transitioned 1/1/19 – 6/30/25 and for CT Medicaid Recipients in 2023

Note: MFP participant results are from responses to the HCBS CAHPS MFP Survey questions 87 and 89 at 1 and 12 month time points.

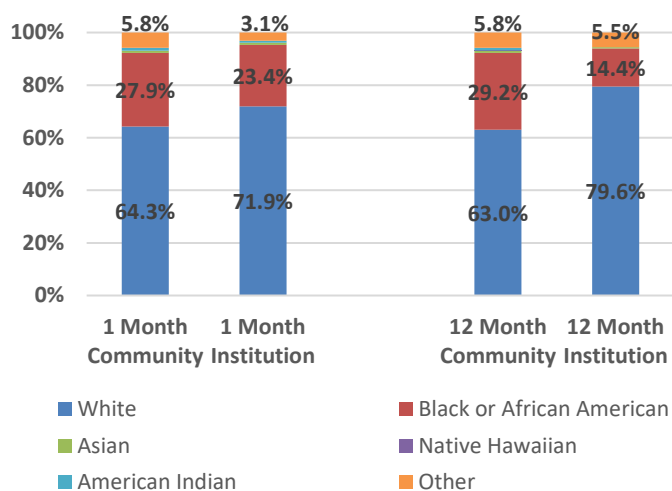
MFP Participants Who Are Hispanic



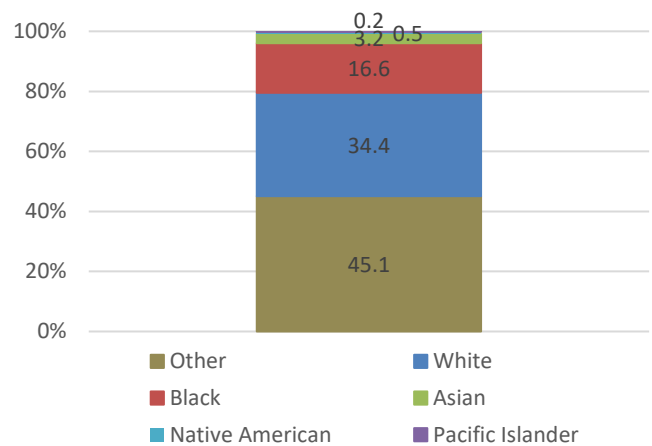
Reported Ethnicity for All CT Medicaid Recipients in 2023



MFP Participants' Self-Reported Race



Reported Race for All CT Medicaid Recipients in 2023



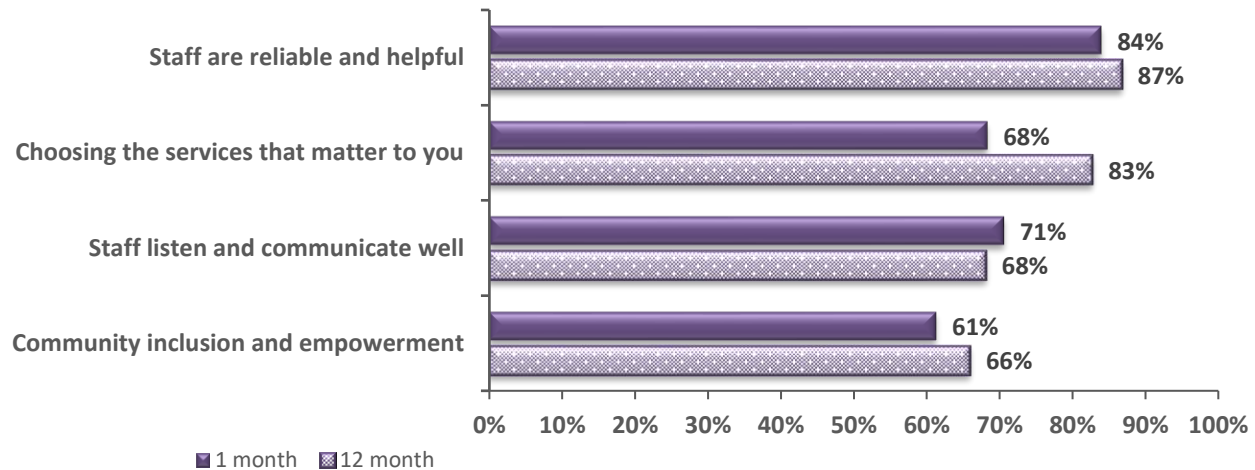
MFP Quality of Life Dashboard

Number of Quality of Life Interviews Completed from 4/1/25 - 6/30/25 (n=149)

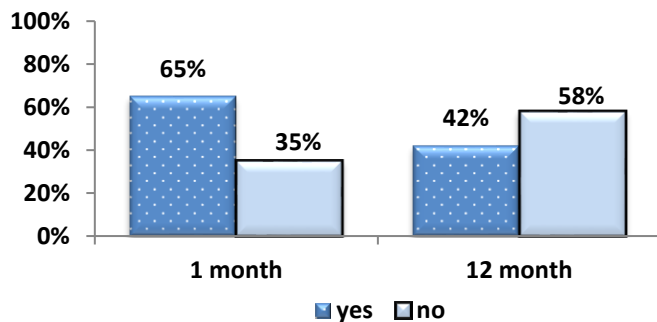
1 month interviews done 1 month after transition, n=88

12 month interviews done 12 months after transition, n=61

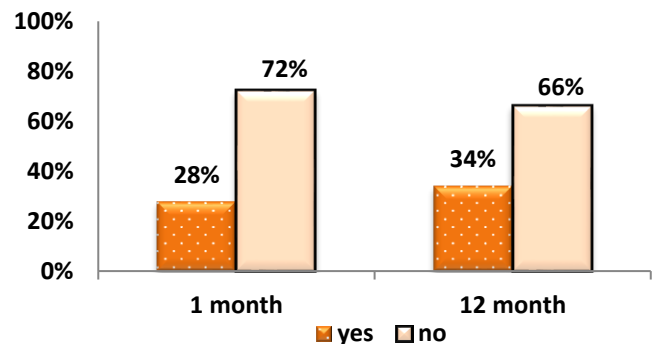
HCBS CAHPS Composite Measures: Percent with Highest Score (e.g. always, yes)



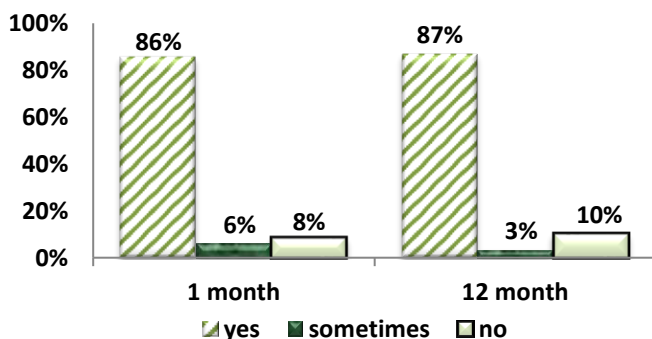
Did any unpaid family members or friends help you with things around the house?



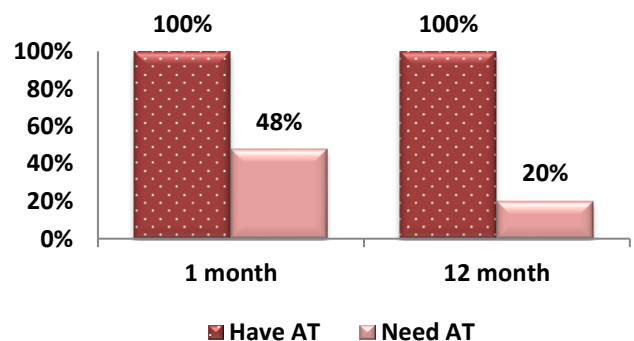
Depressive Symptoms



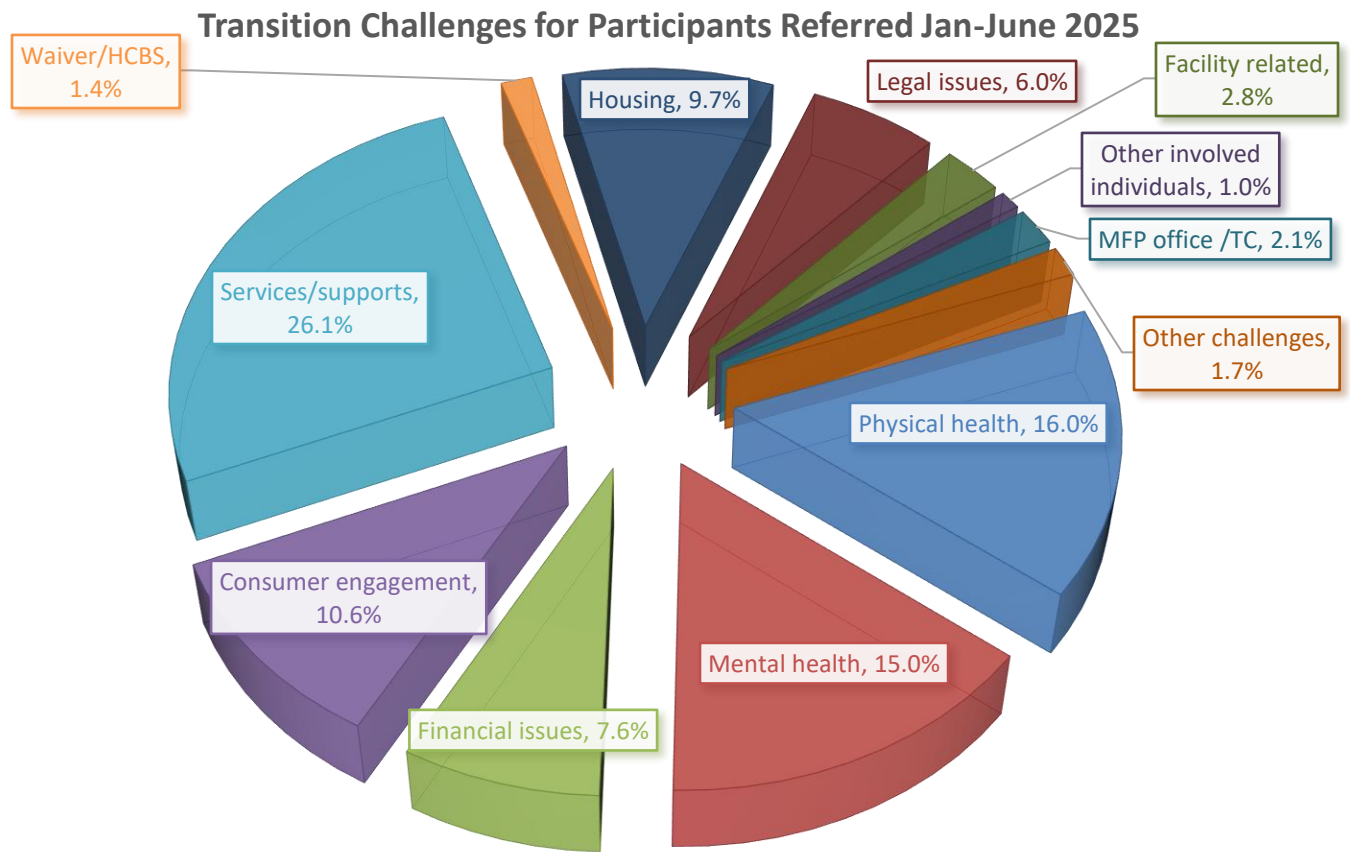
Do you like where you live?



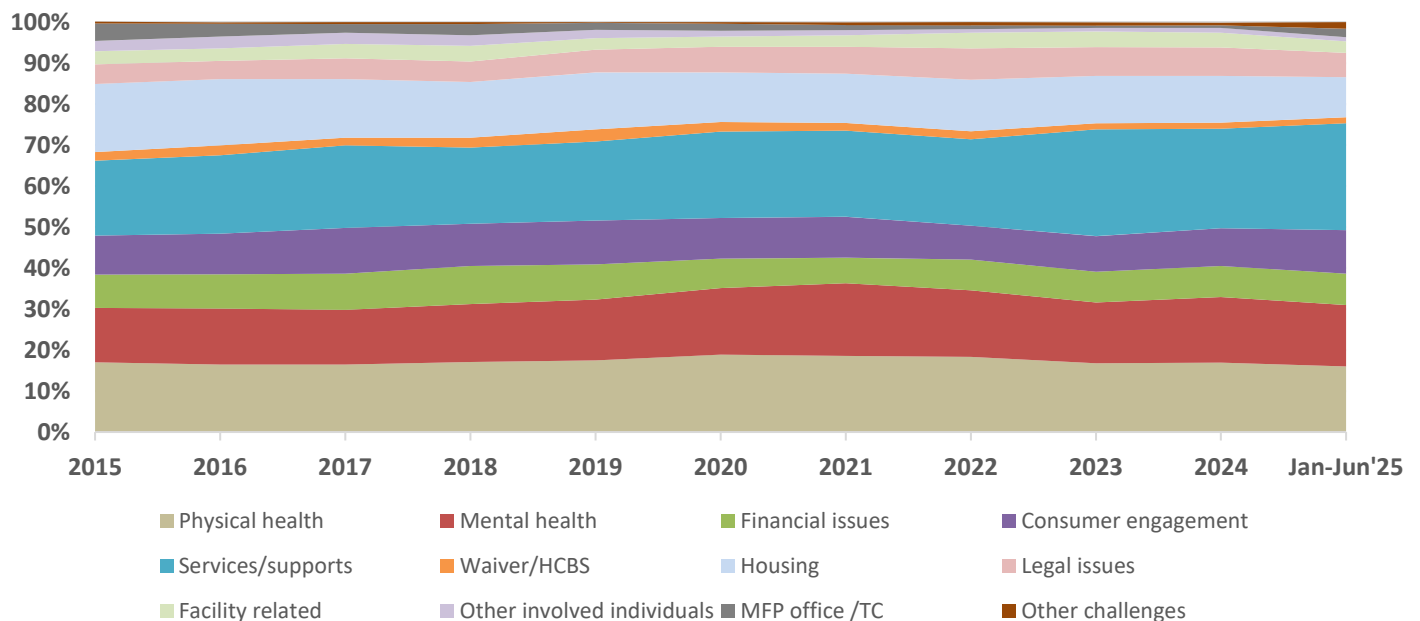
Have or Need Assistive Technology (AT)?



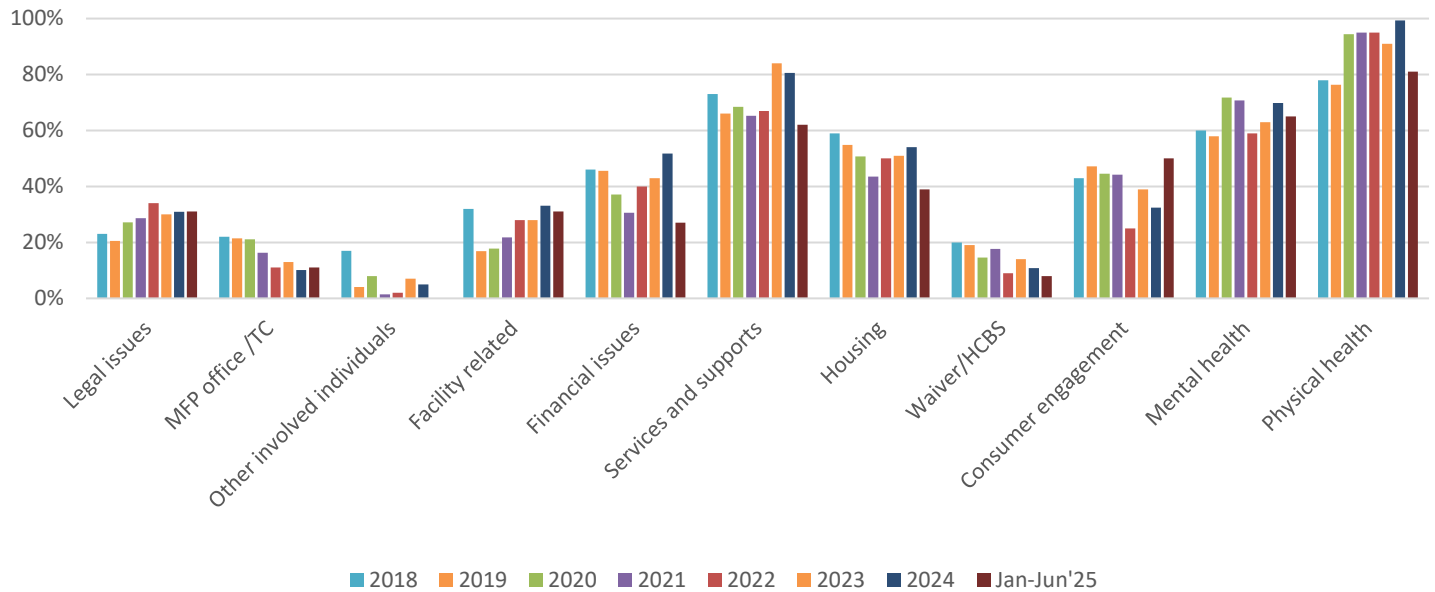
Challenges to Transition as Recorded by TCs and SCMs



Frequency of Transition Challenges by Year of Referral



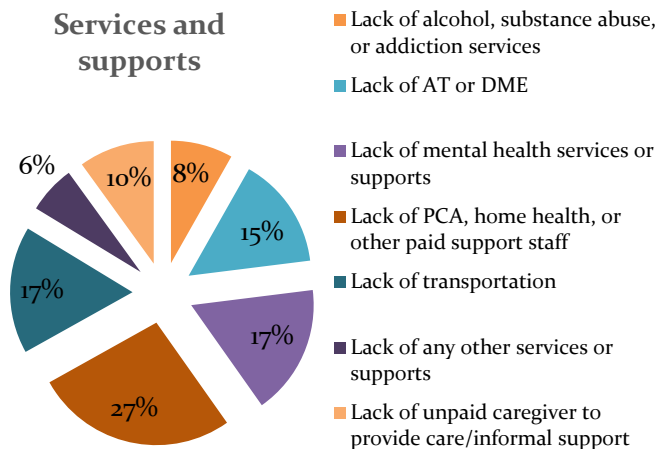
Participants with Each Challenge who Transitioned by Referral Year



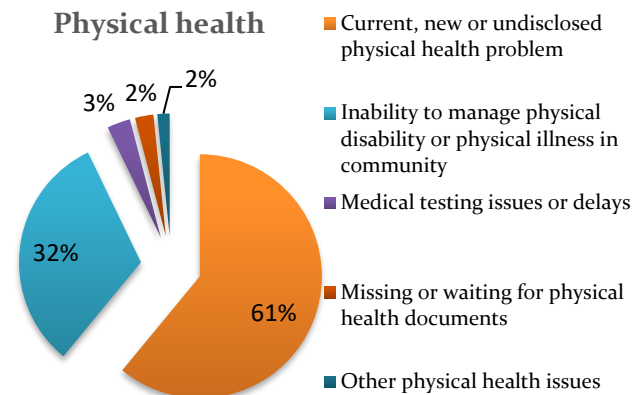
Types of Challenges for Referrals: 1/1/2025 - 6/30/2025

Below are the four most common challenge types for the current timeframe

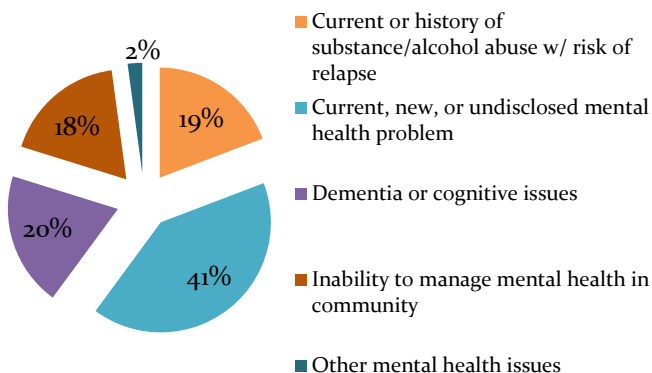
Services and supports



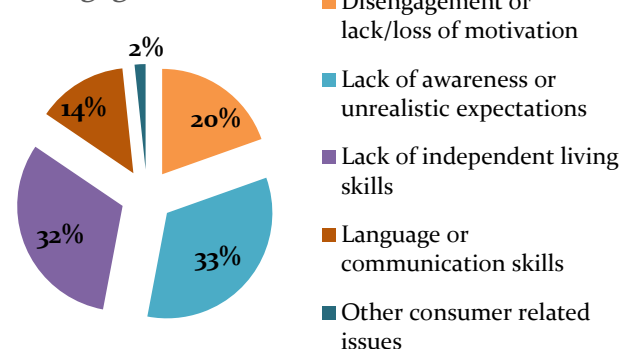
Physical health



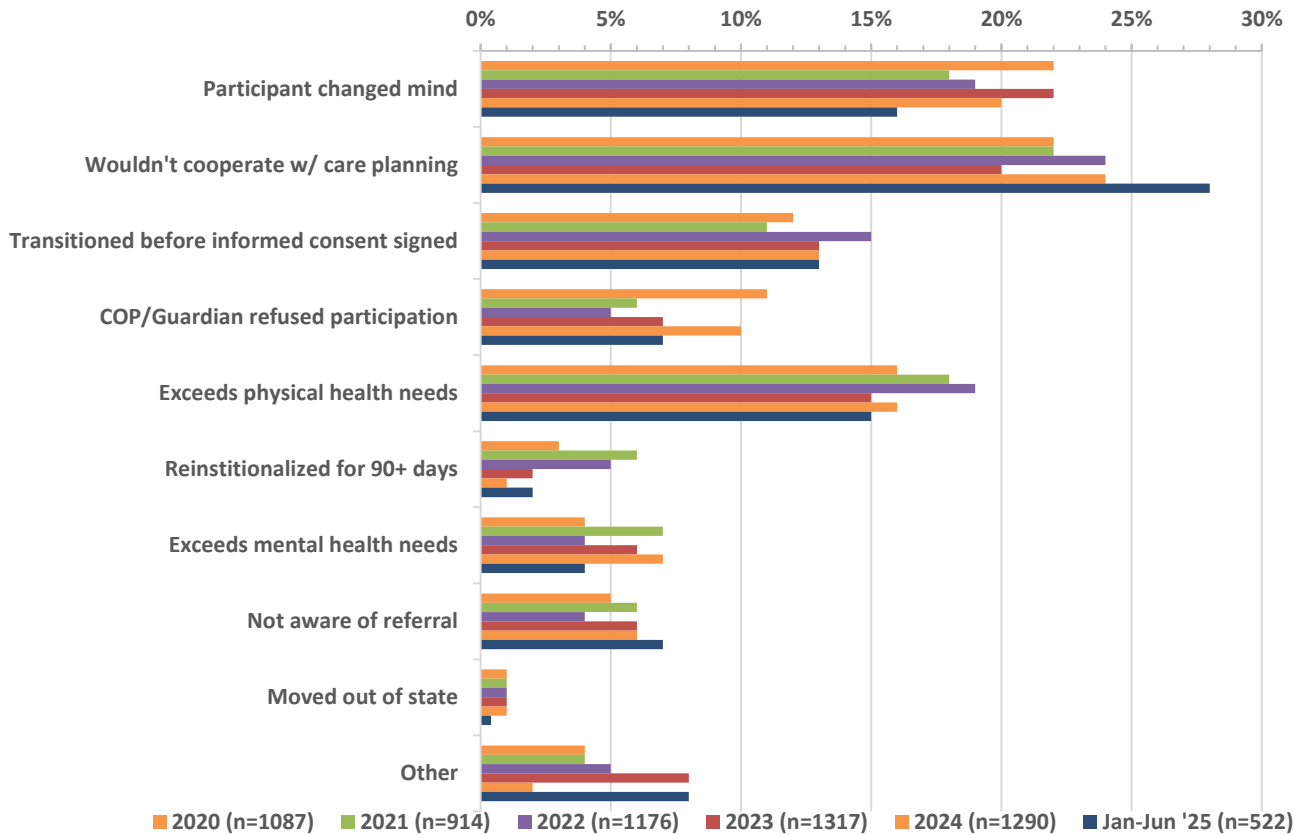
Mental health



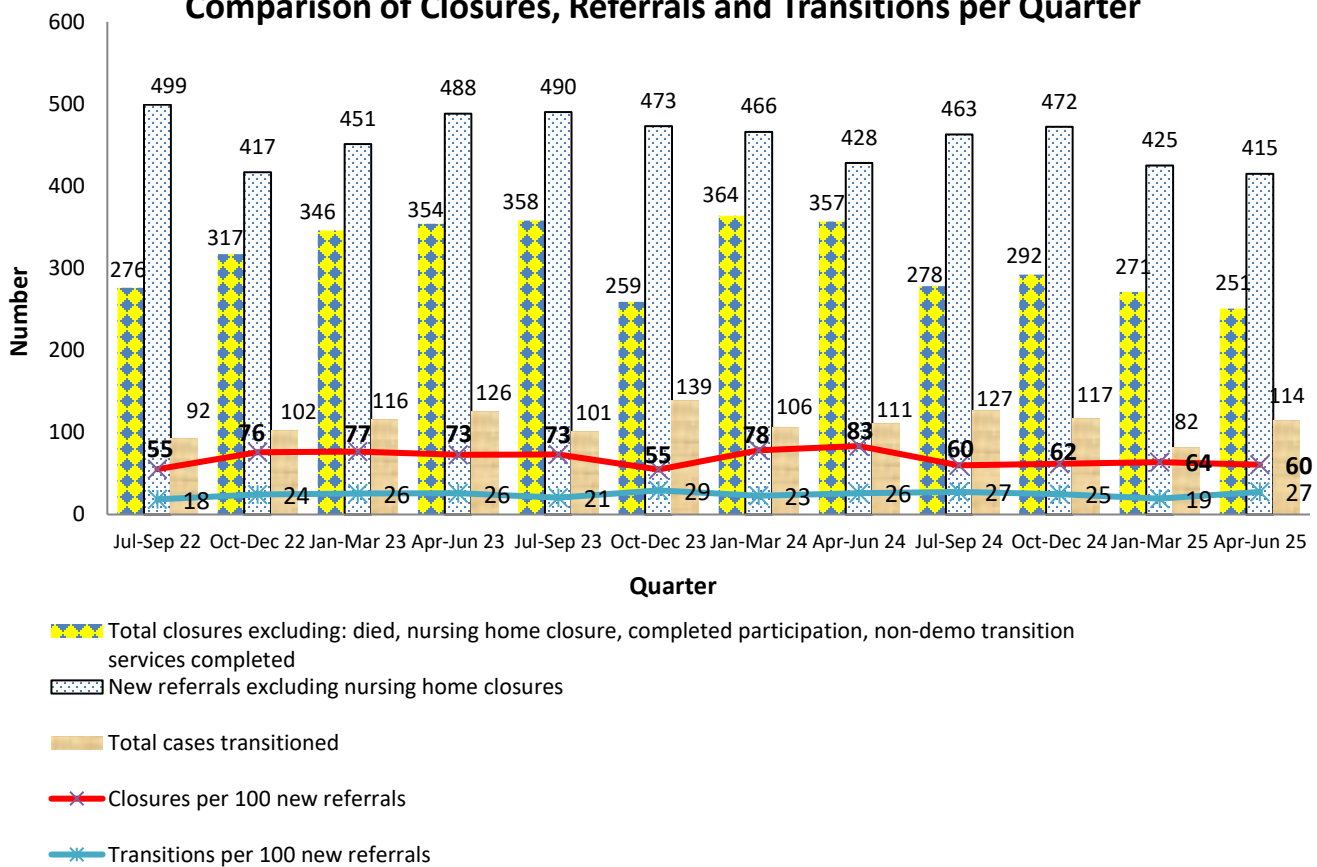
Consumer engagement



Frequency of Closure Reason by Year of Closure



Comparison of Closures, Referrals and Transitions per Quarter



Michele's Story

For most of Michele's life she did not feel blessed. She grew up in a strict, abusive household and turned to alcohol and drugs at an early age to cope. But today Michele feels very blessed, thanks to people who believe in her and her own strong will to stay sober and continue to work on her health. The photo of her as a young girl on a seesaw and the "Blessed" wall art remind her that she has people in her life who care about her. The photo was given to her by her stepmother, who is still in her life when so many others are not. A nurse at the nursing home gave Michele the "Blessed" wall art as a house warming gift. It helps calm her constantly racing negative thoughts. Her daily routine also includes scripture study and a cognitive behavioral therapy exercise asking 4 questions: 1) What are some positive thoughts? 2) What can I do? 3) What's going right? and 4) What am I grateful for?



Photo Credit: Christine Bailey

Other supports Michele uses to maintain her stability are having a nurse oversee her medications 7 days a week, using an alarmed medication box to remind her when to take her pills, going to the gym 5 days a week with her Recovery Assistant (RA) from the Mental Health Waiver, and staying connected to support groups for her alcohol and drug addiction. This is the picture of where Michele is today, but life held her low on that seesaw for a very long time.

Michele lost her ability to walk due to diabetes and alcohol affecting her nervous system as well as her mind. She was diagnosed with alcohol related dementia and bipolar disorder. She then ended up in a nursing home for five years. Her father was her conservator at the time and told her she would never get out of the nursing home. Michele suffered many losses in her life stemming from her addictions including divorce, two estranged daughters, her home, and her nursing license. She had worked so hard to become the salutatorian of her class when earning her Licensed Practical Nursing degree, only to lose her job and license when she stole narcotics to feed her addiction. She tried Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), but finally hit rock bottom when she couldn't walk. She doesn't even remember her first year in the nursing home. People told her, "You're lucky to be alive!"

Life began to change for the better when a nursing home social worker referred her to Money Follows the Person (MFP).

Michele made a conscious choice to live a more independent, healthier life. These changes lead to her transitioning out of the nursing home into a comfortable apartment with support from the Mental Health Waiver. She knew she needed to be stronger to live in the community and worked with the physical therapists at the nursing home who "didn't give up on me." Then she asked to be conserved by the State instead of her father. Her new conservator knew of an apartment, and Michele was ultimately able to move with the help of her MFP Housing Coordinator. The MFP Transition Coordinator helped Michele furnish her apartment and shop for food initially. Now she shops with her RAs or online. She credits her wonderful RAs, her AA sponsor, and her church family as part of her strong support system. She has been sober for six years now. Although it is still a daily struggle, she feels the challenges and losses she faced have made her a stronger person.

MFP Demonstration Background

The Money Follows the Person Rebalancing Demonstration, created by Section 6071 of the Deficit Reduction Act of 2005, supports States' efforts to "rebalance" their long-term support systems, so that individuals can choose where to live and receive services. One of the major objectives of Money Follows the Person (MFP) is "to increase the use of home and community based, rather than institutional, long-term care services." MFP supports this by offering grantee States an enhanced Federal Medical Assistance Percentage on qualified services. MFP also offers states the flexibility to provide supplemental services, such as assistive technology and enhanced transition services, to assist in successful transitions. States are then expected to reinvest the savings over the cost of institutional services to rebalance their long-term services and supports for older adults and people with disabilities to a community based orientation.